

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

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-001

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1924308
	Address Wills Point, TX 75169 USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Wills Point, TX USA Chronic: >1 week <= 1 month	Date registrant became aware of incident. 10/13/2016	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 42750-59-53883	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name Surrender Eraser AQ	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? Unknown	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation Liquid	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Workplace	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Brief description of incident circumstances.

Oct 13 2016 2:10PM

Hx: Caller used the product at the post office warehouse where she works 3 weeks ago. She used some protective gear (gloves and goggles) while spraying the product. Since it was windy, some of the product got on her and her clothing. Within 30 min she broke out in a rash. Caller reports the rash is all over her body and has gotten worst. She went to MD for the first time today and the PA Dx her with scabies and prescribed a steroid cream to use on her body for 12hrs. Caller disagrees with PA Dx and she was told to call about the product.

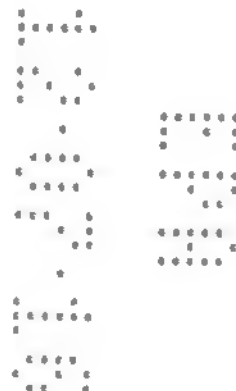
A: I have documented your experience with the product. Skin irritation may occur with exposure to the product. Please continue to consult with your MD if Sx do not improved. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a health care professional might be needed. Provided case #.

Oct 18 2016 1:42PM

1st attempt at follow-up. Left voice message with reason for call, case number, and cb number. Reset.

Oct 20 2016 1:16PM

2nd attempt at follow-up. Left voice message with reason for call, case number, and cb number.



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Demographic information: Age: 53 Year(s) Sex: Female Occupation (if relevant) Not specified	Exposure route: Dermal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Yes If yes, days lost due to illness: Not specified	Time between exposure and onset of symptoms: 30 min or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Non-emergent private MD/DVM	List signs/symptoms/adverse effects Dermatological-Rash		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: >1 week <= 1 month Patient weight: Unknown			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1924308